

# St Patrick's Parish Bega



## Sacrament of Baptism Request Form

### Childs Details

SURNAME: \_\_\_\_\_ CHRISTIAN NAMES: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ Phones: \_\_\_\_\_

### Parents Details

FATHER'S NAME IN FULL: \_\_\_\_\_ RELIGION: \_\_\_\_\_

MOTHER'S NAME IN FULL: \_\_\_\_\_ RELIGION: \_\_\_\_\_

MOTHER'S MAIDEN NAME: \_\_\_\_\_

MARRIAGE DETAILS:

PLACE (church, denomination etc.) \_\_\_\_\_ DATE: \_\_\_\_\_

God Parents - Confirmed & Practicing Catholics (at least 1 is required by Canon Law)

\_\_\_\_\_  
\_\_\_\_\_

Christian Witness - Any other Godparents

\_\_\_\_\_  
\_\_\_\_\_

We/I request the Baptism of our/my child into the Faith Community of St Patrick's Parish Bega.

Parents Signatures: \_\_\_\_\_

### Preferred Service & Date

It is preferred that Baptisms are celebrated during the Mass.  
If not we ask that children are presented to the Parish at an earlier Mass.

St Patrick's Bega \_\_\_\_\_  
Sun 9:30am

Star of the Sea Tathra \_\_\_\_\_  
Sun 7:45am

St Joseph's Candelo \_\_\_\_\_  
Sat 6pm 1st, 3rd & 5th Weekends

St Columba's Bemboka \_\_\_\_\_  
Sat 6pm 2nd & 4th Weekends

**Parish Office** Bega@cg.org.au  
Gipps St Bega 2550 PO Box 6 Bega 2550  
Ph: 6492 1058 Fax: 6492 5399

### Office Use

Baptizing Priest: \_\_\_\_\_

Register: \_\_\_\_\_ PACS: \_\_\_\_\_

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